



DON SIEGELMAN
Governor

Alabama Medicaid Agency

501 Dexter Avenue
P.O. Box 5624
Montgomery, Alabama 36103-5624

www.medicaid.state.al.us
e-mail: almedicaid@medicaid.state.al.us
TDD: 1-800-253-0799
(334) 242-5000



MICHAEL E. LEWIS
Commissioner

January 4, 2001

Provider Notice 01-02

TO: Medicaid Physicians and Pharmacy Providers

RE: Physician Signature Requirement Policy

In an effort to simplify the pharmacy prior authorization/override process for the provider community, I am approving the following policy amendment.

Effective 1/8/01, pharmacies may submit prior authorization and override requests **for Medicaid recipients residing in a long term care facility** to the Medicaid pharmacy contractor, currently Health Information Designs, Inc., without a physician's signature. The space allocated for the signature should read "Signature on File" or have a stamped signature. If this option is exercised, the pharmacy submitting the request acknowledges and certifies that the following conditions exist and are properly documented in the patient's chart:

- The medication has been ordered by an approved, licensed practitioner
- The physician has authorized the pharmacy to request the override or prior authorization on his/her behalf.

Pharmacy audits will be conducted by Medicaid and if it is found that the above requirements have not been met, recoupments will be initiated. Any questions regarding this notice may be directed to Louise Jones, Acting Associate Director, Program Management at (334) 242-5039.

Michael E. Lewis
Commissioner

Distribution:

Alabama Independent Drugstore Association	Alabama Pharmacy Coop	State of Alabama Medical Association
Alabama Pharmacy Association	Alabama Retail Association	Medical Association of the State of Alabama
Alabama Optometric Association		